



06-08-00

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)

Assistant Commissioner for Patent
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 7600-51U1 (CHOP-0088)
First Named Inventor: Katherine A. High *et al.*
Express Mail Label No. EL471633245US
Total Pages of Transmittal Form: 2



Transmitted herewith for filing is the non-provisional utility patent application entitled:

**METHODS FOR PREVENTING FORMATION OF INHIBITORY ANTIBODIES
IN THE SETTING OF GENE THERAPY**

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. ____/____, filed ____.

☒ This non-provisional patent application is based on Provisional Patent Application
No. 60/138,066, filed June 8, 1999.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 19 pages.
- ☒ Non-executed copy of Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☐ sheets of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
 - ☐ Certified copy of _____ Application No. _____, filed _____, is filed:
☐ herewith or ☐ in prior application _____.
- ☒ Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.
 - ☐ was filed in the prior non-provisional application, and such
status is still proper and desired (37 CFR 1.28(a));
 - ☒ is enclosed herewith; ☐ is no longer desired.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$345			\$690	
Total	12-20 =	0	X9	\$00	OR	X18	\$
Independent	1-3=		X39	\$	OR	X78	\$
Multiple Dependent Claims Present: &@			\$130	\$	OR	\$260	\$
			TOTAL	\$-0-*	OR	TOTAL	\$

*The above calculation fee is not being paid at this time.

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (*Billing No* 207600.0127.). One additional copy of this sheet is enclosed.

- ☒ The above calculated filing fee \$-0-*
- ☐ Any additional fees required under 37 C.F.R. §1.16.
- ☒ Any additional fees required under 37 C.F.R. §1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

CORRESPONDENCE ADDRESS:

Katherine A. High *et al*

June 8, 2000 By: Kathryn Doyle
(Date)

Kathryn Doyle, Ph.D., J.D.

Registration No. 36,317

AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.

One Commerce Square

2005 Market Street - Suite 2200

Philadelphia, PA 19103

Telephone: 215-965-1200

Facsimile: 215-965-1210

E-Mail: kdoyle@akingump.com

Direct Dial: 215-965-1284

☒ Customer Number or Bar Code Label: **000570**

KDL/moh

Enclosures